MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.	FILING DATE
APPLICANT(S)	

CLAIMS

CLAIM	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT			CLAIM		IND	DEP	IND	DEP	IND	DEP
	IND	DEP	IND	DEP	IND	DEP									
1								51								
2								52								
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44								94								
45								95								
46								96								
47								97								
48								98								
49								99								
50								100								
TOTAL IND.								TOTAL IND.								
TOTAL DEP.								TOTAL DEP.								
TOTAL CLAIMS								TOTAL CLAIMS								